

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-670)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	14					
18	18	18	18	18	18	18

BEST
AVAILABLE
COST

SERIAL NO.	FILING DATE	APPLICANT(S)
61		
62		
63		
64		
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98		
99		
100		
TOTAL IND.		
TOTAL DEP.		
TOTAL	1225.50	1255.50

PATENT